

NOVATO UNIFIED SCHOOL DISTRICT
 Medical Benefit Plan
2023 - 2024 CLASSIFIED 12 Monthly Payments

PROVIDER	FTE	TOTAL PREMIUM	EMPLOYEE CONTRIBUTION	NUSD CONTRIBUTION	# OF MONTHS
KAISER HMO: Traditional (\$15 Office Visit / \$250 Hospital / No Deductible)					
Employee Only	.75 - 1.0	\$799.36	\$149.36	\$650.00	12
Employee Only + 1	.75 - 1.0	\$1,718.62	\$618.62	\$1,100.00	12
Employee Only + 2 or more	.75 - 1.0	\$2,358.10	\$1,058.10	\$1,300.00	12
Employee Only	0.5	\$799.36	\$474.36	\$325.00	12
Employee Only + 1	0.5	\$1,718.62	\$1,168.62	\$550.00	12
Employee Only + 2 or more	0.5	\$2,358.10	\$1,708.10	\$650.00	12

KAISER HMO VALUE PLAN: (\$20 Office Visit / 20% Hospital After \$500/\$1000 Deductible)					
Employee Only	.75 - 1.0	\$734.87	\$84.87	\$650.00	12
Employee Only + 1	.75 - 1.0	\$1,579.98	\$479.98	\$1,100.00	12
Employee Only + 2 or more	.75 - 1.0	\$2,167.88	\$867.88	\$1,300.00	12
Employee Only	0.5	\$734.87	\$409.87	\$325.00	12
Employee Only + 1	0.5	\$1,579.98	\$1,029.98	\$550.00	12
Employee Only + 2 or more	0.5	\$2,167.88	\$1,517.88	\$650.00	12

KAISER DEDUCTIBLE PLAN: HSA - Health Savings Account (\$20 Office Visit / \$1500/\$3000 Deductible)					
Employee Only	.75 - 1.0	\$624.26	\$0.00	\$650.00	12
Employee Only + 1	.75 - 1.0	\$1,342.16	\$242.16	\$1,100.00	12
Employee Only + 2 or more	.75 - 1.0	\$1,841.57	\$541.57	\$1,300.00	12
Employee Only	0.5	\$624.26	\$299.26	\$325.00	12
Employee Only + 1	0.5	\$1,342.16	\$792.16	\$550.00	12
Employee Only + 2 or more	0.5	\$1,841.57	\$1,191.57	\$650.00	12

DENTAL					
Employee Only	0.5-1.0	\$143.56	\$0.00	\$143.56	12
Employee Only + 1	0.5-1.0	\$143.56	\$0.00	\$143.56	12
Employee Only + 2 or more	0.5-1.0	\$143.56	\$0.00	\$143.56	12

VISION					
Employee Only	0.5-1.0	\$15.87	\$0.00	\$15.87	12
Employee Only + 1	0.5-1.0	\$15.87	\$0.00	\$15.87	12
Employee Only + 2 or more	0.5-1.0	\$15.87	\$0.00	\$15.87	12